STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155053	A. BUILDING _____ B. WING _____	C 07/18/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLERS MERRY MANOR	**612 E 11TH ST RUSHVILLE, IN 46173**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		

This visit was for the Investigation of Complaints IN00151663, IN151782, and IN00152104.

Complaint IN00151663 Substantiated. No deficiencies related to the allegations are cited.

Complaint IN151782 Substantiated. No deficiencies related to the allegations are cited.

Complaint IN00152104 Substantiated. No deficiencies related to the allegations are cited.

Survey dates: July 15, 16, 17, 18 2014

Facility number: 000018
Provider number: 155053
AIM number: 100273930

Survey team:
Charles Stevenson, RN

Census bed type:
SNF: 6
SNF/NF: 47
Residential: 21
Total: 74

Census payor type:
Medicare: 5
Medicaid: 52
Other: 17
Total: 74

Sample: 8

Miller's Merry Manor was found to be in compliance with 42 CFR Part 483, Subpart B and

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 000	Continued From page 1 410 IAC 16.2.3-1 in regard to the Investigation of Complaints IN00151663, IN00151782, and IN00152104. Quality Review 07/22/14 by Lisa McColly	F 000		